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### MEMORANDUM

**TO:** Legislative Oversight Committee Members  
Local CFAC Chairs  
NC Council of Community Programs  
County Managers  
State Facility Directors  
LME Board Chairs  
Advocacy Organizations  
MH/DD/SAS Stakeholder Organizations

Commission for MH/DD/SAS  
State CFAC  
NC Assoc. of County Commissioners  
County Board Chairs  
LME Directors  
DHHS Division Directors  
Provider Organizations  
NC Assoc. of County DSS Directors

**FROM:** Dr. Craig L. Gray

Steven Jordan *SS*

**SUBJECT:** Special Implementation Update #79 - Revised  
CABHAs Providing MH/SA TCM  
CABHA Enrollment Seminars Sept./Oct.  
FAQ for CABHA Enrollment  
Provider Contractual and Legal Responsibility  
for Safeguarding Records

CABHA Transition Benchmarks  
CST, IIH, DT, CS Re-endorsement  
Endorsement Applications for CST, IIH, or DT  
CABHA Attestation Letters Update

### **Critical Access Behavioral Health Agencies: Prior Authorization and Billing for Mental Health/Substance Abuse Targeted Case Management**

In order for Mental Health/Substance Abuse Targeted Case Management (MH/SA TCM) claims to adjudicate appropriately, when submitting claims for MH/SA TCM, please ensure that prior authorization has been received from the appropriate utilization management vendor (ValueOptions, The Durham Center or Eastpointe local management entity [LME]). If the authorization request has not been approved, when a claim is submitted, it will be denied.

To request prior authorization for recipients who are being transitioned from the case management component of Community Support (CS) Services to MH/SA TCM, providers must submit a Letter of Attestation to ValueOptions for each recipient who will be transitioned. Detailed information on submitting Letters of Attestation can be found in Implementation Update #77

(<http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/>). Eastpointe and The Durham Center

**WILL NOT** be able to process these attestation requests or any CS authorization request. From that point forward, all concurrent requests for MH/SA TCM should be sent to ValueOptions, Eastpointe (for Eastpointe consumers) or The Durham Center (for Durham consumers) respectively.

Critical Access Behavioral Health Agencies (CABHAs) may also submit prior authorization requests for recipients new to case management services. These would be recipients who are not currently receiving the case management portion of CS. As a reminder, all initial requests for MH/SA TCM (not Attestation Letters but regular initial requests) should be sent to ValueOptions, Eastpointe (for Eastpointe consumers) or The Durham Center (for Durham consumers) respectively. To request initial prior authorization for these recipients, providers must submit the inpatient treatment request (ITR), person centered plan (PCP), and a signed service order to the appropriate utilization management vendor for the recipient's catchment area (ValueOptions, The Durham Center, or Eastpointe).

### **Critical Access Behavioral Health Agencies Enrollment/Authorization/Billing Seminars for September/October**

Three more enrollment/authorization/billing seminars have been scheduled in the coming weeks at the sites listed below. Information presented at the seminars is applicable to all providers who have been certified as CABHAs or are in the process of certification.

Attendees are encouraged to review Implementation Updates #73, #75, #76, #77 and #78 in preparation. An updated training packet will be available on the Division of Medical Assistance (DMA) website the week of the trainings: <http://www.ncdhhs.gov/dma/provider/seminars.htm> **Please print the packet and bring it to the training as there will be only limited copies available.**

Registration will be done on a first-come, first-serve basis the day of the training, so plan accordingly. **Due to limited space, we request that attendance be limited to two staff members per agency. See space availability below.** The training is specifically geared toward those staff members in charge of the administrative tasks of enrollment and billing.

Sessions will begin at 9:00 a.m. and end at 12:00 noon. Providers are encouraged to arrive early to complete registration. Lunch will not be provided at the seminars. Because meeting room temperatures vary, dressing in layers is strongly advised.

Date	Location
September 29, 2010	<b>Central Region (space for 75 participants)</b> The Durham Center LME 501 Willard Street Durham, NC 27701
September 30, 2010	<b>Western Region (space for 230 participants)</b> Western Piedmont Community College, Moore Hall Auditorium 1001 Burkemont Avenue Morganton, NC 28655
October 5, 2010	<b>Eastern Region (space for 102 participants)</b> The Beacon Center 500 Nash Medical Arts Mall Rocky Mount, NC 27804

Medicaid enrollment questions may be directed to CSC at 1-866-844-1113, option 2 for CABHA  
<http://www.nctracks.nc.gov/provider/providerEnrollment/>

\*Authorization questions may be directed to ValueOptions:  
1-888-510-1151 – Medicaid  
1-800-753-3224 – Health Choice  
[http://www.valueoptions.com/providers/Network/North\\_Carolina\\_Medicaid.htm](http://www.valueoptions.com/providers/Network/North_Carolina_Medicaid.htm)

\*Authorization questions for Durham should be directed to The Durham Center:

\*Authorization questions for Eastpointe should be directed to Eastpointe:

1-800-513-4002

<http://www.eastpointe.net>

Medicaid claims questions may be directed to HP Enterprise Services at 1-800-688-6696 or 919-851-8888.

In addition, on-site provider visits will be provided by HP Enterprise Services upon request.

### **Frequently Asked Questions Regarding CABHA Enrollment, Authorization, and Billing**

Based on feedback from participants in the CABHA Enrollment/Authorization/Billing Seminars that took place in August, the Division of Medical Assistance (DMA), in conjunction with their vendors (CSC, ValueOptions, and HP Enterprise Services), have developed a list of Frequently Asked Questions (FAQs) related to the key areas of enrollment, authorization, and billing. These FAQs can be found on the DMA Behavioral Health CABHA webpage: <http://www.ncdhhs.gov/dma/services/cabha.htm>

### **Provider Contractual and Legal Responsibility for Safeguarding the Maintenance, Retention, and Disposition of Records**

A provider's obligation to safeguard records accrued during the course of providing publicly-funded mental health, developmental disabilities, or substance abuse services is outlined in various agreements, policies, and state and federal laws that address the provider's responsibility for the proper maintenance, retention, and disposition of records. This includes making certain that records are stored in an environment that ensures preservation of the records and that safeguards the privacy, security, and confidentiality of the records. Such obligations are binding and extend beyond the time that the provider is enrolled or under contract, regardless of whether discontinuation as a provider is voluntary or involuntary.

Following is a summary of some pertinent provider responsibilities for records management (For a more complete understanding of the requirements and sanctions for non-compliance, refer to the documents listed at the end of this article):

- The *original* service record shall remain with the provider that contracts and bills for the service. That provider also retains responsibility for safeguarding these records.
- In the transfer of a consumer from one provider to another, the former provider has an obligation to send *copies* of pertinent information to the new provider in a timely fashion.
- Provisions shall be made for consumers to access and authorize release of their records after a provider agency closes. Consumers shall be informed of how to access their records before the agency closes. When there is a request for the release of information (ROI) such as subpoena, court order, consumer/legally responsible person request, from a provider agency that is no longer in business, the records officer at the LME should be contacted. The records officer at the LME will facilitate the request based on the information provided to the LME on the provider's record storage log. The designated provider's record custodian shall arrange for the records to be accessed and the release of information request processed. Each provider agency should have a records management policy and protocol. Such a protocol should identify the records custodian and the process by which records are stored, retrieved, and disposed. G. S. § 132-7 PROVIDES the guidelines to be followed when storing records. Custodians of public records shall keep them in fireproof safes, vaults, or rooms fitted with noncombustible materials and in such arrangement as to be easily accessible for convenient use. The area is to be a well-ventilated storage area which is fireproof and waterproof. Media is to be stored at a height/level to minimize damage in the case of a water leak or flood.
- When an agency decides to close, the provider should notify DMA, the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS) Accountability Team, and the LME. A records storage log shall be compiled according to the county of eligibility of each consumer. A copy of the record storage log should be sent to the records officer in each LME catchment area where the provider served consumers.

- All records and documents that support service provision must be properly maintained for the duration of the retention period. These include the service record, billing and reimbursement records and personnel records.
- If a record is subject to audit, state or federal review or litigation, such records shall be made available promptly upon request. These records must be retained for a specified period as defined in the retention schedule upon the completion and resolution of the audit, review or litigation.

The abandonment of records and the failure to safeguard the privacy, security, and disposition of records is a violation of state and federal laws and is subject to sanctions and penalties. Upon discovering that provider records have been abandoned, the records officer at the LME should be immediately notified. The records officer for each LME can be identified from a roster on the Records Management webpage:

<http://www.ncdhhs.gov/mhddsas/recordsmgmt/resources.htm>. The following agreements, policies and laws address the provider's responsibility for the maintenance, retention and disposition of records. Links to the source documents are provided where applicable:

- The Contract Between the LME and State-Funded Providers – See Service Record Compliance for Providers (2.2) and Financial Audit (5.7) <http://www.ncdhhs.gov/mhddsas/providers.htm>
- DHHS Provider Administrative Participation Agreement – See Sections 7 (Inspection, Maintenance of Records, Filing Reports; 9 (Assignment); 10 (Release of Liability); 15 (Survival). [http://www.nctracks.nc.gov/provider/providerEnrollment/assets/Org\\_08.2010v2.pdf](http://www.nctracks.nc.gov/provider/providerEnrollment/assets/Org_08.2010v2.pdf)
- DMH/DD/SAS Records Retention and Disposition Schedule for State and Area Facilities [APSM 10-3] <http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/aps/apsm10-3retentionupdated5-05.pdf>
- Records Management and Documentation Manual [APSM 45-2] <http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/rmd09/rmdmanual-final.pdf>
- Implementation Updates # 58, #62, #68, #72 <http://www.ncdhhs.gov/mhddsas/servicedefinitions/servdefupdates/index.htm>
- DMH/DD/SAS Records Management web page <http://www.ncdhhs.gov/mhddsas/recordsmgmt/index.htm>
- Resources for Records Management <http://www.ncdhhs.gov/mhddsas/recordsmgmt/resources.htm>
- Medicaid Bulletin – June 2010 <http://www.dhhs.state.nc.us/dma/bulletin/0610bulletin.htm>
- G. S. § 122C-52 – Right to Confidentiality G.S. § 122C-192 – Review and Protection of Information [http://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByChapter/Chapter\\_122C.html](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByChapter/Chapter_122C.html)
- Confidentiality Rules for MH/DD/SA Services (10A NCAC 26B) [APSM 45-1] <http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/aps/apsm45-1confidentialityrules1-1-05total.pdf>
- 42 CFR Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records <http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=2c1458f2fbf963a41a4a1fa458faaea5&rgn=div5&view=text&node=42:1.0.1.1.2&idno=42>
- Health Insurance Portability and Accountability Act (HIPAA) - <http://www.hhs.gov/ocr/privacy/>
- Health Information Technology for Economic and Clinical Health Act (HITECH Act) - <http://www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/hitech enforcementifr.html>

### **CABHA Benchmarks and Transition Planning**

The Centers for Medicare and Medicaid Services (CMS) approved a State Plan Amendment which allows only certified CABHAs to deliver Community Support Team (CST), Intensive In-home Services (IIH) and Day Treatment Services (DT) effective January 1, 2011. On and after that date, only CABHAs are authorized to be reimbursed for the provision of CST, IIH and DT. Additionally, CS will no longer be a covered service, effective January 1, 2011. Recipients in need of continued case management who meet the eligibility requirements for MH/SA TCM may need to be transitioned to MH/SA TCM. Only CABHAs are authorized to be reimbursed for the provision of MH/SA TCM.

While most providers currently providing services may continue service delivery until December 31, 2010, it is critically important that all providers understand the benchmarks established so that consumers receiving CS,

CST, DT and IHH services from non-CABHA certified agencies experience a timely and seamless transition to CABHA certified agencies or other basic outpatient services.

**To facilitate a smooth transition for recipients from providers who will not meet CABHA certification by January 1, 2011, the following benchmarks have been established in consultation with CMS. Benchmarks will apply to Medicaid, State-funded, and Health Choice recipients.**

- As stated previously in Implementation Update #75, complete attestation packets and applications for CABHA certification must have been submitted to DMH/DD/SAS on or before August 31, 2010 in order to ensure that the certification and enrollment process would be completed on or before December 31, 2010. Attestation packets will continue to be accepted after August 31, 2010 but the Department of Health and Human Services (DHHS) cannot guarantee that the certification and enrollment process will be completed by December 31, 2010 in such cases.
- Upon receiving CABHA certification, providers must submit a complete, accurate Medicaid Provider Enrollment application to enroll as a CABHA, available on [www.nctracks.nc.gov](http://www.nctracks.nc.gov), in order for the Medicaid enrollment process to be completed before December 31, 2010. Applications that are returned as incomplete may result in a delay of the CABHA Medicaid Provider Number (MPN) assignment. At that time, CABHAs may also enroll for a statewide MH/SA TCM MPN.
- **Transition Plan Benchmarks**
  - **Providers who are not planning on becoming CABHAs and providers who have not successfully passed the Desk Review on or before September 30, 2010 must submit a complete Transition Plan (see requirements below) for Medicaid and State-funded recipients to the LME responsible for monitoring the provider by October 15, 2010 for consumers who will need continued CST, IHH, DT or who will need to be transitioned to MH/SA TCM services from CS services. Providers for Health Choice recipients must send a completed “NC Health Choice Consumer Discharge/Transition Plan” (see attached) for each Health Choice recipient who will need continued IHH or DT services or who will need to be transitioned to MH/SA TCM services from CS services to ValueOptions at the Health Choice fax number at 1-877-339-8758.**
  - **Providers who have not successfully passed the Interview and Verification process by October 31, 2010 must submit a complete Transition Plan (see requirements below) for Medicaid and State-funded recipients to the LME responsible for monitoring the provider by November 15, 2010 for all consumers currently receiving CST, IHH, DT, and/or CS services. Providers for Health Choice recipients must send a completed “NC Health Choice Consumer Discharge/Transition Plan” (see attached) for each Health Choice recipient who will need continued IHH or DT services or who will need to be transitioned to MH/SA TCM services from CS services to ValueOptions at the Health Choice fax number at 1-877-339-8758.**
- **Authorization Benchmarks**
  - Intensive In-Home and Day Treatment providers who have not successfully passed the Desk Review on or before September 30, 2010 will no longer have any initial or concurrent authorizations approved for IHH or DT after November 1, 2010. ValueOptions, The Durham Center, or Eastpointe will return all of these requests as "Unable to Process."
  - CST, IHH or DT providers who have not successfully passed the Interview and Verification process by October 31, 2010 will no longer have any initial or concurrent authorizations approved for CST, IHH, or DT after December 1, 2010. ValueOptions, The Durham Center, or Eastpointe will return all of these requests as "Unable to Process."
  - Community Support service providers who have not successfully passed the Desk Review on or before September 30, 2010 will no longer have any initial or concurrent authorizations approved for CS after November 1, 2010. ValueOptions will return all of these requests as "Unable to Process."
  - Community Support service providers who have not successfully passed the Interview and Verification process by October 31, 2010 will no longer have any initial or concurrent authorizations approved for CS after December 1, 2010. ValueOptions will return all of these requests as "Unable to Process."



Failure to submit complete Transition Plans to the LMEs (for Medicaid and State-funded recipients) or “NC Health Choice Consumer Discharge/Transition Plans” to ValueOptions (for Health Choice recipients) by the above deadlines shall result in suspension of payment.

### **Transition Plan Requirements for Medicaid and State-Funded Recipients**

Complete Transition Plans must be submitted to and approved by the LME responsible for monitoring the provider. Contact the LME CABHA Point of Contact to determine who within your LME will receive the plan. A list of CABHA Points of Contact can be found at <http://www.ncdhhs.gov/mhddsas/cabha/index.htm>

Complete Transition Plans include the following:

- An individual “Medicaid/State-funded Consumer Discharge/Transition Plan” (see attached) for each consumer that will be transitioned.
- An agency-wide “Transition Spreadsheet” that lists all consumers that will be transitioned (see attached). All fields on this form must be filled out for each consumer.

### **For Medicaid, State-funded, and Health Choice Recipients**

- The provider must provide choice of available CABHAs as part of the transition process. Providers should contact their LME to obtain a list of CABHA certified providers in their catchment area or view the list of CABHA providers at <http://www.ncdhhs.gov/mhddsas/cabha/index.htm>.
- The provider is responsible for providing copies (with release of information form signed by the consumer or guardian) of the consumer’s most recent Comprehensive Clinical Assessment (CCA) and Person Centered Plan (PCP) to the receiving CABHA provider.
- The provider agency is responsible for record retention in line with state and federal requirements. NC Medicaid providers are required to retain all records to support the billing of services for a minimum of six years from the date of service, regardless of whether the provider remains enrolled in the NC Medicaid program. **Abandonment of medical records may result in fines and/or criminal prosecution.**

### **For Medicaid and State-Funded Recipients**

#### **Process if a Provider Fails to Submit a Transition Plan**

If a provider fails to submit a Transition Plan for consumers needing transitioning into a CABHA by the established deadlines, the LME will write a transition plan or will work with the provider to write a plan collaboratively and transition may begin. **If the plan is not followed, there will be suspension of payment.**

#### **Process if a Provider submits a Transition Plan**

For Medicaid and State-Funded Recipients, the LME will review complete Transition Plans. If the plan is approved, the LME will communicate that to the provider and transition may begin. If the Transition Plan is not initially approved, the LME will consult with DHHS, and DHHS will either affirm the LMEs decision denying the plan, or will accept the plan. If the plan is approved after consultation with DHHS, the LME will communicate the approval to the provider and transition may begin. If the plan is not approved, the LME will revise the transition plan and provide a copy to the provider and transition may begin. **If the plan is not followed, there will be a suspension of payment.**

### **Re-Endorsement for CST, IIH, DT, and CS Providers Not Expected to Receive CABHA Certification by December 31, 2010.**

For provider agencies with an endorsement expiration date between now and December 31, 2010 of CST, IIH, DT, or CS, DHHS will automatically extend the endorsement to December 31, 2010 for provider agencies that are not expected to receive CABHA certification by December 31st. LMEs will not be required to re-endorse providers of CST, IIH, DT, or CS (that are not expected to receive CABHA certification by December 31, 2010) as outlined in the NC DHHS Policy and Procedures for Endorsement of Providers of Medicaid Reimbursable MH/DD/SA services, effective December 3, 2007 and Implementation Update #54. A Notification of Endorsement Action (NEA) letter will not be required for this purpose.

### **Applications for CST, IIH, or DT Services**

Any new applications for endorsement for CST, IIH, or DT will be terminated by LMEs effective September 30, 2010 for any providers that have not submitted a completed Letter of Attestation and application on or before August 31, 2010 to obtain CABHA certification.

**CABHA Attestation Letters Update**

If a CABHA provider applicant has a continuum or key staff change (Medical Director, Clinical Director, QM/Training Director) the provider must resubmit the attestation letter and the required supporting documents per Implementation Update #75. This resubmission due to a change in the continuum or key staff position will count as one of the three submissions. Please note this change took effect per the posting on the CABHA Webpage (<http://www.ncdhhs.gov/MHDDSAS/cabha/>) on September 28, 2010.

Unless noted otherwise, please email any questions related to this Implementation Update to [ContactDMH@dhhs.nc.gov](mailto:ContactDMH@dhhs.nc.gov).

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